



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT APPLICATION EXAMINING OPERATIONS

Applicant(s): Laninga

Group Art Unit: 2082

Serial No.: 10/750,074

Examiner: Kaufman, Joseph A.

Filing Date: December 31, 2003

Docket No: ChrC:SafeTap1

Patent No.:

Issue Date:

Title: Safety Tap Handle

REQUEST TO CHANGE DOCKET NUMBER

Law Office of Karen Dana Oster, LLC
PMB 1020
15450 SW Boones Ferry Rd. #9
Lake Oswego, OR 97035
July 19, 2006

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

It is respectfully requested that the docket number be changed to correspond to the attorney of record's current docketing system. Specifically, it is respectfully requested that the new docket number should be ChrC:SafeTap1. It is respectfully requested that this change be made in the physical file as well as the electronic file (including the PAIR listing).

Respectfully submitted,

Karen Dana Oster
Reg. No. 37,621
Of Attorneys of Record
Tel: (503) 810-2560

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	Application Number	10/750,074	
	Filing Date	December 31, 2003	
	First Named Inventor	Laniga	
	Art Unit	2082	
	Examiner Name	Kaufman, Joseph A.	
Total Number of Pages in This Submission	18	Attorney Docket Number	ChrC:SafeTap1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form in duplicate <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request in duplicate <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="font-size: 2em; font-weight: bold;">see remarks</div>
Remarks Powers of attorney from assignee; 373(b); Request to Change Docket Number; return receipt postcard		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Office of Karen Dana Oster, LLC		
Signature			
Printed name	Karen Dana Oster		
Date	July 19, 2006	Reg. No.	37,621

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Karen Dana Oster	Date	July 19, 2006

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